

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Shirley V. Remmert		COURT CASE NUMBER C-08-1645 CRB			
DEFENDANT James P. Fox et al		TYPE OF PROCESS Complaint, summons and Order			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT James P. Fox, District Attorney, San Mateo County District Attorney's Office ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 400 County Center, Redwood City, CA 94063					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Shirley V. Remmert 990 Berkeley Avenue Menlo Park, CA 94025		Number of process to be served with this Form 285			
		Number of parties to be served in this case			
		Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):					
<p style="text-align: center;">FOLD</p> <div style="text-align: right; margin-top: 10px;"> RECEIVED JUN - 5 PM 1:56 NORTHERN DISTRICT OF CALIFORNIA DATE 6/6/08 UNITED STATES MARSHAL </div>					
Signature of Attorney or Originator requesting service on behalf of: <i>Maria</i> MARIA LOO		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 522-2000		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>for 1</i>	District of Origin No. <i>11</i>	District to Serve No. <i>11</i>		
		Signature of Authorized USMS Deputy or Clerk <i>R. James</i>			
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) <i>JUDITH A. HOLIBER, Deputy County Counsel</i>		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode			
Address (complete only different than shown above)		Date <i>07/01/08</i>	Time <i>10:40</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		
Signature of U.S. Marshal or Deputy <i>R. James</i>					
Service Fee <i>\$45.00</i>	Total Mileage Charges including endeavors <i>28.28</i>	Forwarding Fee	Total Charges <i>73.28</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED